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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Conservative Principles PAC P.O. Box 100 ADDRESS (number and street) Check if different than previously Early IA 50535 0100 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00428839 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2011 06 30 2011 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ann Trimble-Ray Type or Print Name of Treasurer Electronically Filed by Ann Trimble-Ray 07 15 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name Conservative Principles PAC

Report Covering the Period:	From:

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To: 0 6

м 6 30 Y Y Y Y 2011

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
i.	(a) Cash on Hand  January 1  2011		9792.34
	(b) Cash on Hand at Begining of Reporting Period	52402.34	
	(c) Total Receipts (from Line 19)	4205.00	62390.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56607.34	72182.34
	Total Disbursements (from Line 31)	50837.63	66412.63
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5769.71	5769.71
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name Conservative Principles PAC

Report Covering the Period:

From: 0 4

D D 0 1

2 0 1 1

то:

м м 0 6 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 1

I. Receipts		I. Receipts COLUMN A Total This Period					
	Contributions (other than loans) From:  (a) Individuals/Persons Other						
	Than Political Committees (i) Itemized (use Schedule A)	1000.00	24300.00				
	(ii) Unitemized	705.00	21090.00				
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	1705.00	45390.00				
(	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	2500.00	17000.00				
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4205.00	62390.00				
	Transfers From Affiliated/Other Party Committees	0.00	0.00				
3. /	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
(	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
t	to Federal candidates and Other Political Committees	0.00	0.00				
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00				
	Transfers from Non-Federal and Levin Funds						
(	(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
(	(b) Levin Funds (from Schedule H5)	0.00	0.00				
(	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00				
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4205.00	62390.00				
	Fotal Federal Receipts (subtract Line 18(c) from Line 19)	4205.00	62390.00				

FE6AN026

## DETAILED SUMMARY PAGE

of Disbursements

of Disbursements	Page 4
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
10.0.1	Outonaur Four to Buto
0.00	0.00
0.00	0.00
50837.63	66412.63
50837.63	66412.63
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
50837.63	66412.63
50837.63	66412.63
	COLUMN A Total This Period  0.00  0.00  50837.63  50837.63  0.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
otal Contributions (other than loans) rom Line 11(d), page 3)	4205.00	62390.00
otal Contribution Refunds rom Line 28(d))	0.00	0.00
let Contributions (other than loans) subtract Line 34 from Line 33)	4205.00	62390.00
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	50837.63	66412.63
offsets to Operating Expenditures from Line 15, page 3)	0.00	0.00
et Operating Expenditures subtract Line 37 from Line 36)	50837.63	66412.63

FE6AN026

# **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 6/15 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Conservative Principles PAC Full Name (Last, First, Middle Initial) Date of Receipt Bruce Kelley Mailing Address 14 Glenview Drive 0 5 16 2011 City State Zip Code Transaction ID: SA11AI.22202 **Des Moines** IΑ 50312 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer EMC Insurance Occupation CEO Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	1000.00

SCHEDULE A (FEC Form 3X	)		FOR LINE NUMBER: PAGE 7 / 15
ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a 11b X 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
Conservative Principles PAC			
Full Name (Last, First, Middle Initial) National Association of Health Underwriters P	AC		Date of Receipt
Mailing Address PO Box 20865			0 4
City	State	Zip Code	Transaction ID: SA11C.22190
<u>Indianapolis</u>	IN	46220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer	Occupatio	n	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 2500.00	1

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	2500.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:		PA	GE	8 / 1	5
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 28a	23 28b	24 28c	$\blacksquare$	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								5
NAME OF COMMITTEE (In Full)								
Conservative Principles PAC								
Full Name (Last, First, Middle Initial) Campaign Solutions			Transact Date of D	isburse	ment			
Mailing Address 117 North Saint Asaph S	reet		0 4	0	<sup>D</sup> / Y	ž	0 1 1	Y
•	State Zip Code VA 22314		Amount o	f Each	Disburse	-		
Purpose of Disbursement online advertising	[	004				300	0.00	
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) Campaign Solutions			Transact Date of D	isburse	ment			
Mailing Address 117 North Saint Asaph S	reet		0 4 M	0	<sup>D</sup> / Y	ž	0 ť 1	Y
•	State Zip Code VA 22314		Amount o	f Each	Disburse			
Purpose of Disbursement website maintenance		001	L			32	25.00	)
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Campaign Solutions			Transact Date of D		_	3.221	161	
Mailing Address 117 North Saint Asaph S	reet		0 4	1	5 /	ž	0 1 1	Y
	State Zip Code VA 22314		Amount o	f Each	Disburse	ment	this f	Period
Purpose of Disbursement website maintenance	Γ	001				2	25.00	)
Candidate Name		Category/ Type						
Senate President	ment For: Primary General Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional) .		<u></u>				335	0.00	
TOTAL This Period (last page this line number only)								

	Use separate schedule(s	(check onl	E NUMBER: PAGE 9/15
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Conservative Principles PAC	and and addition of any pointer		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B,22177
Campaign Solutions			Date of Disbursement
Mailing Address 117 North Saint Asaph	Street		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement	VA 22314	I	25.00
website hosting/management		001	
Candidate Name		Category/ Type	
Senate President	rsement For: Primary General Other (specify)	•	
State: District:			
Full Name (Last, First, Middle Initial) Campaign Solutions			Transaction ID: SB21B.22194 Date of Disbursement
Mailing Address 117 North Saint Asaph	n Street		$\begin{bmatrix} 0 & 6 & M & 1 & 1 & 3 & 1 & 1 & 1 & 1 & 1 & 1 & 1$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Perio
Purpose of Disbursement web hosting		001	25.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Capitol Resources, Inc.			Transaction ID: SB21B.22156 Date of Disbursement
Mailing Address PO Box 257			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} $
City Brooklyn	State Zip Code IA 52211		Amount of Each Disbursement this Perio
Purpose of Disbursement telephone solicitation, event management		003	8102.57
Candidate Name		Category/ Type	
Senate President	rsement For: Primary General Other (specify)	1	
State: District:			

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$\rangle$		MITTEE (In Full) Principles PAC																
<u>/_</u>	Full Name (Last, e-onlinedata	First, Middle Initial)								Trans				_	21E	3.22	167	
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	City Portland			State ME	Zip Code 04101					Amou	nt o	f Eac	h	Disbu	rser	-		
		redit card processing					003	_		L.	_						60.00	)
	Candidate Name		D: 1				ateg Typ	ory/ e										
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	State: District:  Full Name (Last, First, Middle Initial) e-onlinedata									Trans		-			21E	3.22	171	
	Mailing Address 320 Cumberland Ave									0 <sup>M</sup> 5	М	/ D	0	<sup>D</sup> /	Υ	ž	0 Ť	1 Y
	City Portland			State ME	Zip Code 04101					Amou	nt o	f Eac	h	Disbu	rser	nen	t this	Period
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	Candidate Name	)				ateg Typ	ory/ e											
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	State:	District: First, Middle Initial)																
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	Mailing Address 320 Cumberland Ave									0 6		Ĺ	0	3 /	Ľ	2	0 1	1
	City Portland									Amou	nt o	f Eac	h	Disbu	rser	-		
	Purpose of Disbursement credit card processing fees						003	2				-	-	_			60.00	ָ
	Candidate Name						_	ory/										
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (sp	General		712											
	State:	District:		1 (36	<i>37</i> / ₩													

TOTAL This Period (last page this line number only) .....

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SCHEDULE B (FEC Form 3X)		Jse separate schedule(s)				IE NUMBER: PAGE 11 / 15 nly one)									
ITEMIZED DISBURSEMENTS		category of the Summary Page		_	21b 27	F	22 28a	Н	23 28b		24 28c		25 29		26 30b
Any Information copied from such Reports and Statements may not be sold or used by any pe or for commercial purposes, other than using the name and address of any political committee														5	
NAME OF COMMITTEE (In Full)															
Conservative Principles PAC															
Full Name (Last, First, Middle Initial) HMG, Inc.									ion ID:		SB21E	3.22	2154		
Mailing Address PO Box 125						М		) <sup>D</sup>		ž	0 1 ·	I Y			
City Early	State IA	Zip Code 50535					Amou	nt o	f Each	Dis	sburser	nen	t this I	Perio	od .
Purpose of Disbursement	<u> </u>	30333		_					۰			89	15.15	5	
invitations, mailing services, marketing services, significant	gnage			C	03										
Candidate Name					egory/ ype										
Senate President	ment For: Primary Other (spe	General ecify) ▼													
State: District:															
Full Name (Last, First, Middle Initial) HMG, Inc.						Transaction ID: SB21B.22169 Date of Disbursement									
Mailing Address PO Box 125							0 <sup>M</sup> 4	М	<sup>/</sup> 2	25	/ Y	ž	0 1 ·	I	
,	State IA	Zip Code 50535					Amou	nt o	f Each	Dis	sburser	nen	t this I	Perio	d
Purpose of Disbursement advertising, event management, invitations, media relations				001								59	45.50	)	
Candidate Name					egory/ ype										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General <b>▼</b>													
State: District:															
Full Name (Last, First, Middle Initial) HMG, Inc.									ion ID: isburs		SB21E ent				
Mailing Address PO Box 125							0 <sup>M</sup> 6	М	<sup>/</sup> 1	3	/ Y	ž	0 1 ·	I	
	State IA	Zip Code 50535					Amou	nt o	f Each	Dis	sburser	nen	t this I	Perio	d
Purpose of Disbursement campaign communications, record keeping, and da	nta ontru		Г	_	01				-			9	00.00	)	
Candidate Name	ata Critiy		Ca	at	egory/										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General			•										
State: District:		-· •													
SUBTOTAL of Disbursements This Page (optional) .					. •						1	570	60.65	5	

TOTAL This Period (last page this line number only) .....

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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam													5	
	NAME OF COMMITTEE (In Full) Conservative Principles PAC														
<u> </u>	Full Name (Last, First, Middle Initial) HMG, Inc.								ion ID		SB21I	3.22	195		
	Mailing Address PO Box 125						0 <sup>M</sup> 6	М	/ D	28	/ Y	Ž	0 1 1	Y	
	City Early	State IA	Zip Code 50535				Amo	unt c	f Each	h Di	sburse				
	Purpose of Disbursement campaign communications, record keeping, and d	ata entry			001		Ш.						53.50		
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	Mailing Address 700 Grand Avenue						o <sup>M</sup> 4	М	/ D	0 5	/ [	ž	0 1 1	Y	
	City Des Moines	State IA	Zip Code 50309				Amount of Each Disbursement this P								
	Purpose of Disbursement meeting space, lodging, meals for fundraiser					3	18513.28								
	Candidate Name			С	ateg Typ										
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼												
C.	Full Name (Last, First, Middle Initial) Tim Moran								ion ID		SB21E	3.22	162		
	Mailing Address 112 Midland Drive						0 <sup>M</sup> 4	М	/ D	0 1	/ \	Ž	0 1 1	Y	
	City Council Bluffs	State IA	Zip Code 51503				Amo	unt c	f Each	h Di	sburse	-		-	
	Purpose of Disbursement campaign director salary  Candidate Name			C	001 ateg	ory/	L.	•		•		4	68.75		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Тур	9									
S	UBTOTAL of Disbursements This Page (optional)					<b>•</b>					1	1903	35.53		
	OTAL This Period (last page this line number only)					•	Ē	•	-			<u> </u>			

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for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)	me and addre	ess of any political c	committee to so	DIICIT CONTRI	outions	Trom St	ich coi	nmittee	
Conservative Principles PAC									
Conscivative i iniciples i 710									
Full Name (Last, First, Middle Initial) Tim Moran						ID: SE		22155	
Mailing Address 112 Midland Drive				0 4 N	1 /	04	/ Y	ž 0 1 1	Y
Mailing Address   12 Midiand Drive						•			
City Council Bluffs	State IA	Zip Code 51503		Amour	nt of Ea	ch Disb	ursem	ent this F	
Purpose of Disbursement				L.				164.97	
mileage			002						
Candidate Name			Category/ Type						
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Senate	Primary	General							
President	Other (spe	ecify) 🔻							
State: District:									
Full Name (Last, First, Middle Initial)				Transa	action	ID: SE	321B.:	22163	
Tim Moran						irsemen	t		
Mailing Address 112 Midland Drive				0 4	/ [	15	/ Y	ž 0 1 1	I
City	State	Zip Code		Amour	nt of Ea	ch Disb	ursem	ent this F	Perio
Council Bluffs	IA	51503						400.75	-
Purpose of Disbursement			001		-	-	-	468.75	)
pac director salary  Candidate Name			001 Category/						
Candidate Name			Type						
Senate President	sement For: Primary Other (spe	General ecify) ▼	- 7						
State: District:									
Full Name (Last, First, Middle Initial) Tim Moran				Date o	f Disbu	ID: SE			
Mailing Address 112 Midland Drive				0 4		20	/ Y	ž 0 1 1	l <sup>Y</sup>
City Council Bluffs	State IA	Zip Code 51503		Amour	nt of Ea	ch Disb	ursem	ent this F	
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Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General ecify) ▼	і уре						
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	l)							820.05	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	,	FOR	LINE	NE NUMBER: PAGE 14 / 15													
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	Detailed Summary Page		X 2	1b	22 28a	Н	23 28b	-	24 28c	-	25 29	3	ь Ob					
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or for commercial purposes, other than using the name	e and address of any politica	al comi	mittee	to sol	cit cont	ribut	ions fr	om	such c	omr	nittee							
NAME OF COMMITTEE (In Full)																		
Conservative Principles PAC																		
Full Name (Last, First, Middle Initial)					Trans	sact	ion ID:	: 5	SB21E	3.22	2170							
Tim Moran				Date of Disbursement														
Mailing Address 112 Midland Drive					o <sup>M</sup> 5	М	/ DC	2	] / L	ž	01	1						
City	State Zip Code				Amoı	unt o	f Each	n Di	sburse	men	t this I	Period	—					
Council Bluffs	IA 51503					-	-				00.7		1					
Purpose of Disbursement PAC Director Salary			001			-	_			4	68.75	)	1					
Candidate Name		_	utegory															
		1	Туре															
, H	ment For:	•																
Senate President	Primary General Other (specify) ▼																	
State: District:	Carior (oposity)																	
Full Name (Last, First, Middle Initial)					Trans	sact	ion ID:	: 5	SB21E	3.22	2176		_					
Tim Moran					isburs													
Mailing Address 112 Midland Drive							0 5 M / D 1 6 / Y 2 0 1 1 Y											
•	State Zip Code IA 51503				Amo	unt o	f Each	ı Di	sburse	men	t this	Period						
Purpose of Disbursement				_	L.					4	68.75	5						
PAC director salary			001															
Candidate Name			itegory Type	/														
Office Sought: House Disburse	ment For:		. ) [															
Senate	Primary General																	
President State: District:	Other (specify)																	
Full Name (Last, First, Middle Initial)					Tron		ion ID		SB21E	2 2 2	2102							
Tim Moran							isburs			0.22	192							
Mailing Address 112 Midland Drive						05 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
TIZ Widiand Drive																		
•	State Zip Code IA 51503				Amo	unt o	f Each	n Di:	sburse	men	t this I	Period						
Purpose of Disbursement	01000			_						1	86.50	)						
mileage - 373 miles			002															
Candidate Name			itegory Type	/														
Office Sought: House Disburse	ment For:	I	. ,,,,,	$\dashv$														
Senate	Primary General																	
President State: District:	Other (specify) ▼																	
State: District:					_	_		_		_			-					
SUBTOTAL of Disbursements This Page (optional) .				<u> </u>						1,12	24.00	)	]					
TOTAL This Period (last page this line number only)				•														

В.

C.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Conservative Principles PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.22196
Tim Moran			Date of Disbursement
Mailing Address 112 Midland Drive			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 1 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Council Bluffs	IA 51503		468.75
Purpose of Disbursement PAC director salary		001	400.70
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Tim Moran			Transaction ID: SB21B.22197
			Date of Disbursement
Mailing Address 112 Midland Drive			0 6 0 7 5 7 2 0 1 1
City	State Zip Code		Amount of Each Disbursement this Period
Council Bluffs Purpose of Disbursement	IA 51503		468.75
PAC director salary		001	
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) PolicyWorks			<b>Transaction ID:</b> SB21B.22174 Date of Disbursement
Mailing Address PO Box 10409			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} Y$
City Des Moines	State Zip Code IA 50306		Amount of Each Disbursement this Period
Purpose of Disbursement			1250.00
media/presentation services for conference Candidate Name		O01	
Cardidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:	- · · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	2187.50

TOTAL This Period (last page this line number only) ......

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